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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration OR Submitted with Initial Filing

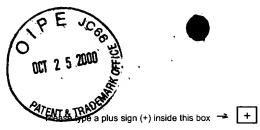
☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nur	nber	1999-31	
First Named Invento	r _	Eye	
COMPL	ETE IF	KNOWN	
Application Number		09 / 599,124	
Filing Date			
Group Art Unit		2766	
Examiner Name			

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Hierarchical Key Management										
the specification of which (Title of the Invention) is attached hereto OR										
was filed on (MM/Di	D/YYY) 06/22/	2000 as Unite	d States Applica	tion Number or PC	CT International					
Application Number 0	9/599,124 and w	as amended on (MM/DD/Y	YYY)		(if applicable).					
I hereby state that I have re amended by any amendmen	viewed and understand the		tified specificatio	n, including the cla	aims, as					
I acknowledge the duty to d	isclose information which is	material to patentability as	defined in 37 CF	FR 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	•					
Namper(5)	Number(s) Country (MM/DD/YYYY) Not Claimed YES NO									
Additional foreign application	tion numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached here	:o:					
	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(, , , , , , , , , , , , , , , , , , , ,	(MM/DD/YYYY)								
60/140,211	06/2	2/1999	numbe supple	onal provisional ers are listed on emental priority of B/02B attached	a data sheet					

[Page 1 of 2]

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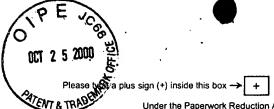
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DECLARATION — Utility or Design Patent Application

<u> </u>			0 (1111)	,		7		7114 7	<u> </u>	illouti		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent Number				:	Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
								•				
☐ Additional	U.S. or F	PCT international applicat	tion numbers ar	e listed on a	suppleme	ental p	riority data	sheet P1	FO/SB/	02B attached h	nereto.	
As a named inv	ventor, I h	ereby appoint the followinnected therewith:	ng registered pr	actitioner(s) to prosec	ute th	is application	on and to	transa	ct all business Place Cust		
			OR Registered prac		name/regis	tration	n number li	sted belo	" L	Number Bar Label he		
	Nam		Regist Num	ration			Nan				stration mber	
Dav	vid G. (Grossman		,609								
Additional	renistere	d practitioner(s) named o	n sunniemental	Registered	Practition	er Info	rmation sh	eet PTO/	SB/020	attached here	eto	
Direct all corr		ence to: 🛛 Custom	er Number Code Label		3823		OR	_		ondence add	,	
Name	Name David G. Grossman											
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Address	580 ⊦	lerndon Parkway,	Suite 700									
City		Hernd	on		State		VA	ZIP		20170	·	
Country		USA	Telephon	ne (703) 68	9-48	82	Fax	(-	413) 451-	1823	
believed to be punishable by	true; and fine or in	Il statements made here d further that these state nprisonment, or both, ur t issued thereon.	ements were m	ade with th	e knowled	lge th	at willful fa	lse state	ments :	and the like s	o made are	
Name of S	ole or F	irst Inventor:			□ А ре	tition	has been	filed for	this u	nsigned inve	entor	
G	iven Nar	ne (first and middle (if	anvl)				Famil	v Name	or Sur	name		
Randy		,			Eye							
Inventor's Signature		Randal G. Eye				Date					10-9-00	
Residence: (City	Mechanicsville	VA	Country USA Citizenship					US			
Post Office A	ddress	9169 Ivy Spring	s Place									
Post Office A	ddress									-		
City		Mechanic State	VA	ZIP	2311	6		Cour	ntry	USA		
Additional	invento	rs are being named o	n thesur	plementa	l Addition	al Inv	ventor(s) s	sheet(s)	PTO/S	SB/02A attac	ched hereto	



PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:									
Given Na	Name (first and middle [if any]) Family Name or Sumame								
David William	Ac / Kravitz								
Inventor's Signature	Dard Will	> //		0 6 o	1 0				
Residence: City	Fairfax	State	VA	Country	USA		Citizens		USA
Post Office Address	3910 Ridgelea Drive								
Post Office Address									
City	Fairfax	State	VA	ZIP	22031	Country	USA	١	
Name of Addition	nal Joint Inventor, if a	ny:	[A petiti	on has been file	d for this	s uńsign	ed in	ventor
Given Na	me (first and middle [if any	/])			Family Nan	ne or Si	umame	*******	
Inventor's Signature							Dat	te	
Residence: City		State		Country			Citizen	nship	
Post Office Address									
Post Office Address		· · · · · · · ·							
City		State		ZIP		Count	гу		
Name of Addition	nal Joint Inventor, if ar	ny:	[A petiti	on has been filed	l for this	s unsign	ed inv	rentor
Given Na	me (first and middle [if any	(1)			Family Nam	e or Su	umame		
									<u> </u>
Inventor's Signature							Dat	е	
Residence: City	State Country Citizenship								
Post Office Address	Post Office Address								
Post Office Address						<u> </u>			
City		State		ZIP		Co	untry		

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valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Surname											
David Moshe					Goldshlag						
Inventor's Signature	David Iv								lo/11/00		
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Post Office Address	12018 Auth Lane	12018 Auth Lane									
Post Office Address								`			
City	Silver Spring	State	MD		ZIP	20902	Country	y USA	١		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	on has been filed	d for th	is unsigi	ned in	ventor	
Given Na	me (first and middle [if an	y])				Family Nan	ne or S	Surname			
Inventor's Signature					_			Da	ite		
Residence: City		State			Country			Citize	nship		
Post Office Address											
Post Office Address											
City		State			ZIP		Coun	itry			
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been filed	d for th	is unsigr	ned inv	ventor	
Given Na	me (first and middle [if any	/])				Family Nam	ne or S	Surname			
Inventor's Signature								Da	te		
Residence: City	State Country Citizenship										
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